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FEC FORM 2

STATEMENT OF CANDIDACY

	e of Candidate (in full)									
Walker, Herschel, , Mr., (b) Address (number and street) □ Check if address changed						O Constitutate FFO Identification Number				
	Box 501707	☐ Check if address changed			Candidate's FEC Identification Number S2GA00225					
(c) City,	State, and ZIP Code					3. Is This			v	Amended
Atla			G <i>A</i>	3115		Staten	,) OR	×	(A)
4. Party Aff	iliation	5. Office Soug	ght		6. State & Dist		date			
REPUB	SLICAN PARTY	Senate			GA	00				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) TEAM HERSCHEL, INC.										
	ess (number and street) . BOX 501707									
(c) City,	State, and ZIP Code									
АТ	LANTA				GA	31150)			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES										
		(Including Joir	nt Fundraisin	g Representativ	/es)				
8. I hereby candidad	authorize the following na	med committee	, which is NO	T my princip	al campaign cor	mmittee, to re	eceive and exp	pend fund:	s on beh	alf of my
NOTE: This designation should be filed with the principal campaign committee.										
` ,	e of Committee (in full)	"S PE∩PI	E"S CH	ΔΜΡΙΟΙ	N COMMI.	TTEE				
1 -	.AW HENOUTE	31 LOI 1	_L 3 011	AIVII IOI	N COMM	1166				
	ess (number and street) CIRCLE 75									
SUIT	ΓE 100									
	State, and ZIP Code									
	_ANTA				GA	30339	1			
	I certify that I have ex	amined this Sta	tement and to	the best of	my knowledge a	and belief it is	s true, correct	and comp	lete.	
Signature of Candidate						Date				
Walker, Herschel, , Mr.,				[Elec	tronically Filed]	02/19/20	22			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2	
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) TEAM HERSCHEL VICTORY COMMITTEE								
	(b) Address (number and street) PO BOX 501707								
	(c) City, State, and ZIP Code	_							
	ATLANTA GA 31150								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								